### PALM BEACH COUNTY **BOARD OF COUNTY COMMISSIONERS**

	AGENDA ITEM	SUMMARY		
Meeting Date: Jai Department Submitted By: Submitted For:	nuary 7, 2025  Community Services  Ryan White Program	[X] Consent [ ] Ordinance		] Regular ] Public Hearing
Motion and Title:	I. EXECUTIV Staff recommends motion to:	E BRIEF	,	

- A) ratify the signature of the Mayor on the Ryan White HIV/AIDS Program (RWHAP) Part A Emergency Relief Grant application submitted to the Health Resources Services Administration (HRSA), for the period March 1, 2025 through February 28, 2026, in an amount of \$8,074,783, to fund services aimed at improving health outcomes for people with HIV/AIDS;
- B) ratify the signature of the Mayor on the Ending the HIV Epidemic (EHE) Grant Application submitted to HRSA, for the period March 1, 2025 through February 28, 2026, in an amount of \$5,000,000, to support efforts aimed at reducing new HIV infections in the United States by 2030; and
- C) delegate to the County Administrator, or designee, signatory authority on additional forms, certifications, contracts/agreements and amendments thereto, and any other necessary documents related to the RWHAP and EHE grant programs that do not substantially change the scope of work, terms or conditions.

Summary: The RWHAP Part A Emergency Relief Grant application, in the amount of \$8,074,783 was submitted to HRSA on October 1, 2024. The funding requested for Grant Year (GY) 2025 represents a 5% increase from GY 2024 and will allow the program to serve approximately 3,800 Palm Beach County residents with HIV/AIDS. In GY 2023, the number of people with HIV (PWH) served was 2,913 across all programs and initiatives. The percentage of PWH retained in care was 90%. The viral suppression rate was 85%. For Minority AIDS Initiative specifically, there were 1,091 PWH served, among whom 91% were retained in care and 86% were virally suppressed.

The EHE Grant application was submitted to HRSA on November 5, 2024, requesting \$5,000,000 for the first year, with an additional \$500,000 increase each subsequent year, totaling \$30,000,000 over five (5) years. The project period is March 1, 2025 through February 28, 2030. This grant focuses on reducing HIV infections by 90% in the United States by the year 2030. The funding requested for GY 2025 represents a 30% increase from GY 2024 and will allow the program to serve approximately 500 Palm Beach County residents with HIV/AIDS. The percentage of PWH in GY 2023 who were engaged in care in Palm Beach County was 75%. The viral suppression rate among those served with contracted EHE funding in GY 2023 was 89%. The total number of clients served in GY 2023 was 314. The emergency signature process was utilized because there was insufficient time to submit the grant applications through the regular Board of County Commissioners (BCC) agenda process and meet the grantor's deadline. No County match is required. Countywide (HH)

Background and Justification: The BCC has been receiving the Ryan White HIV Emergency Relief Project Grant since 1994, and has assisted thousands of people with HIV/AIDS with core medical and support services. The EHE grant has been awarded to the BCC since 2020.

### **Attachments:**

- 1. Ryan White HIV/AIDS Program Part A Emergency Relief Grant
- 2. Ending the HIV Epidemic Grant Application

			====:
Recommended By:	Department Director		
•	Department Director	Date	
Approved By:	- Male	12-13-24	
	Assistant County Administrator	Date '	

# II. FISCAL IMPACT ANALYSIS

iscal Years	2025	2026	2027	2028	2029
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0			
No. ADDITIONAL FTE POSITIONS (Cumulative)			, , , , , , , , , , , , , , , , , , ,		
Item Included in Current B this item using Federal Fu this item using State Fund	nds?	Yes Yes_X Yes	No_X No No_X	<u>-</u> -	
udget Account No.: ind <u>1010</u> Dept <u>142</u> Unit <u>VA</u>	R_Object <u>VA</u>	R_ Program C	ode <u>VAR</u>	Program P	eriod <u>V</u>
Recommended Source No fiscal impact for this upon receipt of grant av	s item. Grant vard.	application o	nly. Fisca	I impact will  and by Julie Dowe g, DC=pbogov, OU=Enterpri CN=Julie Dowe, E=JDowe( im approving this document	ise, OU≃CSD.
No fiscal impact for this upon receipt of grant av	s item. Grant vard. Review:	•	nly. Fisca	impact will impact will ind by Julie Dowe g, DC=pbcgov, OU=Enterpri CN=Julie Dowe, E=_DOwe im approving this document 12:10:11:41:58-05'00' Editor Version: 12:1.0	ise, OU≃CSD. ⊕pbc gov
No fiscal impact for this upon receipt of grant av	s item. Grant vard. Review:	Julie Do	NW Composition of the compositio	impact will impact will ind by Julie Dowe g, DC=pbcgov, OU=Enterpri CN=Julie Dowe, E=_DOwe im approving this document 12:10:11:41:58-05'00' Editor Version: 12:1.0	ise, OU≃CSD. ⊕pbc gov
No fiscal impact for this upon receipt of grant av  Departmental Fiscal R  OFMB Fiscal and/or C	s item. Grant vard.  Review:  Julie I  III. REVIE	Julie Do Dowe, Directo  EW COMMEN	OW Control C	impact will  and by Julie Dowe  g, DC=pbcgcv, OU=Enterpri cN=Julie Dowe, En. Dowed in approving the sc. Dowed in approving the sc. Dowed in Enterprise document in 12.10 11.41.59-05:00° Enter Version: 12.10  I & Support	Services
No fiscal impact for this upon receipt of grant av  Departmental Fiscal R  OFMB Fiscal and/or C	s item. Grant vard.  Review:  Julie I  III. REVIE	Julie Do Dowe, Directo  EW COMMEN	OW Control C	impact will  and by Julie Dowe  g, DC=pbcgcv, OU=Enterpri cN=Julie Dowe, En. Dowed in approving the sc. Dowed in approving the sc. Dowed in Enterprise document in 12.10 11.41.59-05:00° Enter Version: 12.10  I & Support	Services
No fiscal impact for this upon receipt of grant available.  Departmental Fiscal R  OFMB Fiscal and/or C  OFMB	s item. Grant vard.  Review:	Julie Do Dowe, Directo  EW COMMEN  Contract D	OW Control C	impact will  and by Julie Dowe  g, DC=pbcgcv, OU=Enterpri cN=Julie Dowe, En. Dowed in approving the sc. Dowed in approving the sc. Dowed in Enterprise document in 12.10 11.41.59-05:00° Enter Version: 12.10  I & Support	Services
No fiscal impact for this upon receipt of grant available.  Departmental Fiscal R  OFMB Fiscal and/or C  OFMB  Legal Sufficiency:	III. REVIE	Julie Do Dowe, Directo  EW COMMEN  Contract D	OW Control C	impact will  and by Julie Dowe  g, DC=pbcgcv, OU=Enterpri cN=Julie Dowe, En. Dowed in approving the sc. Dowed in approving the sc. Dowed in Enterprise document in 12.10 11.41.59-05:00° Enter Version: 12.10  I & Support	Services

This summary is not to be used as a basis for payment.



1-800-518-4726 SUPPORT@GRANTS.GOV

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

OPPORTUNITY & PACKA	AGE DETAILS:	
Opportunity Number:	HRSA-25-054	
Opportunity Title:	Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program	
Opportunity Package ID:	PKG00287269	
CFDA Number:	93.914	
CFDA Description:	HIV Emergency Relief Project Grants	
Competition ID:	HRSA-25-054	
Competition Title:	Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program	
Opening Date:	07/03/2024	
Closing Date:	10/01/2024	
Agency:	Health Resources and Services Administration	
Contact Information:	Contact Chrissy Abrahms Woodland at (301)443-1373 or email CAbrahmswoodland@hrsa.gov	
APPLICANT & WORKSP	ACE DETAILS:	
Workspace ID:	WS01413317	
Application Filing Name:	PBC GY25 RWHAP Part A Grant	
UEI:	XL2DNFMPCR44	The same of the sa
Organization:	COUNTY OF PALM BEACH	
Form Name:	Application for Federal Assistance (SF-424)	
Form Version:	4.0	
Requirement:	Mandatory	
Download Date/Time:	Sep 24, 2024 10:19:47 PM EDT	
Download Date/Time:		

OMB Number: 4040-0004 Expiration Date: 11/30/2025

		Expiration Date: 11/30/2023
Application for Federal Assista	nce SF-424	
* 1. Type of Submission:	* 2. Type of Application: *	if Revision, select appropriate letter(s):
Preapplication	X New	
X Application		Other (Specify):
		outer (openity).
Changed/Corrected Application	Revision	
* 3. Date Received:  Completed by Grants.gov upon submission.	4. Applicant Identifier:	
5a. Federal Entity Identifier,		5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:	7. State Application Id	dentifier:
8. APPLICANT INFORMATION:		
*a.Lega Name: County of Palm	Beach	
* b. Employer/Taxpayer Identification Nun	nber (EIN/TIN);	* c. UEI:
596000785		XL2DNFMPCR44
d. Address;		
*Street1: 301 N. Olive	Ave	
Street2:		
*City: West Palm Beau		
*State: FL: Florida		
Province:		
*Country: USA: UNITED ST	TATES	
*Zip / Postal Code: 33401-4703		
e. Organizational Unit:		
Department Name:		Division Name;
Community Services Departmen	t	HIV Elimination Services
f. Name and contact information of pe	erson to be contacted on mat	tters involving this application:
Prefix: Dr.	* First Name:	
Middle Name:		
*Last Name: Messer  Suffix:		
Title: Program Manager		
Organizational Affiliation:		
Palm Beach County		
* Telephone Number: 561-355-4730		Fax Number:
*Email: cmesser@pbc.gov		

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
B: County Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
Health Resources and Services Administration
11. Catalog of Federal Domestic Assistance Number:
93.914
CFDA Title:
HIV Emergency Relief Project Grants
*12. Funding Opportunity Number:
HRSA-25-054
* Title:
Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program
13. Competition Identification Number:
HRSA-25-054
Title:
Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program
14 Arona Afforded by Brainet (Cities County Cities County)
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Salerie Attachment View Attachment
*15. Descriptive Title of Applicant's Project:
West Palm Beach, FL EMA Ryan White Part A Emergency Relief Grant Program FY25
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

Application	n for Federal Assistanc	e SF-424	****							
16. Congress	ional Districts Of:									
* a. Applicant	FL-022				* b. Program/Project	FL-012				
Attach an addi	tional list of Program/Project C	ongressional Distric	ts if needed.							
			Add Attac	hment	Bartla (BASO) can	At A property of the second	]			
17. Proposed	Project:									
*a. Start Date: 03/01/2025 *b. End Date: 02/20/2023										
18. Estimated	Funding (\$):									
* a. Federal		3,074,733.00	Approv	ved a	s to form and	legal sufficie	euch.			
* b. Applicant		9.00								
° c. State		0.90		poieté	Helene C. Hvizel Ant County At	toroov	<del></del>			
d. Local		0.00			-	,				
e. Other		0.00	Attest.	Jose	ph Abruzzo.	Clerk and C	omptroller			
* I. Program in	icome	0,00	By:							
° g. TOTAL		3,074,783.00	By: De	puty (	Clerk		***************************************			
* 19. Is Applic	ation Subject to Review By	State Under Exec	utive Order	12372 Pro	cess?					
a. This ap	plication was made availabl	lo the State unde	r lhe Executi	ive Order	12372 Process for revie	w on				
b. Program	m is subject to E.O. 12372 b	ut has not been se	lected by the	State for	review.					
X c. Program	n is not covered by E.O. 123	72.								
* 20. Is the Ap	plicant Delinquent On Any	Federal Debt? (If	"Yes," provid	de explan	ition in attachment.)					
Yes	X No									
If "Yes", provi	de explanation and attach									
	~~~~		suc Buth	er uri	Value Stephane	Communication and				
comply with a subject me to	ig this application, I certify te, complete and accurate ny resulting terms if I acce- criminal, civil, or administr  E  tifications and assurances, or	to the best of m It an award, I am a ative penalties. (U	y knowledge sware that an S. Code, Titl	e. I also p ny false, fi le 18, Seci	rovide the required as stitious, or fraudulent s ion 1001}	surances** and agree statements or claims	e to πay			
Authorized Re	presentative:	·					w			
Prefix:	Mrs.	* First	Name: 144 x	cia			<u>"</u>			
Middle Name:							_			
* Last Name:	Sachs									
Suffix:										
• Title: Na	γοι				1		**** AND *******************************			
* Telephane Nu	mber: 961-353-2205			Fax	Number:		]			
* Email: (5.15)	Agbedon. etd	and the same of th	46.3	<del></del>						
· Signature of A	ulhorized Representative:	ompleted by Grants gov	upon submission	7 - [	ste Signed: Completed t	y Granis gov upon submission				
1 12 Markenin	L market						<u></u>			

Maria Sachs, Mayor

The document you are trying to load requires Adobe Reader 8 or higher. You may not have the Adobe Reader installed or your viewing environment may not be properly configured to use Adobe Reader.

For information on how to install Adobe Reader and configure your viewing environment please see http://www.adobe.com/go/pdf\_forms\_configure.



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Application Filing Name:	PBC GY25 RWHAP Part A Grant
UEI:	XL2DNFMPCR44
Organization:	COUNTY OF PALM BEACH
Form Name:	Grants.gov Lobbying Form
Form Version:	1.1
Requirement:	Mandatory
Download Date/Time:	Sep 24, 2024 10:22:56 PM EDT
Form State:	No Errors
FORM ACTIONS:	

OMB Number: 4040-0013 Expiration Date: 02/28/2025

### CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal frant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code, Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

if any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, little 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION	
County of Palm Beach	
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix: Hzs. * First Name: Harta	Middle Name:
* Last Name: Sachs	Suffix:
* Tille: Mayor	and the state of t
* SIGNATURE: Completed in submission to Sints you	*DATE completed on commission to delectival
Maria Sachs, Mayor	
Approved as to form and legal sufficiency:	Attest: Joseph Abruzzo
Signed by:	Clerk and Comptroller
By Helene C. Hright	Ву:
Assistant County Attorney	Deputy Clerk



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Opening Date:	07/03/2024
Closing Date:	10/01/2024
Agency:	Health Resources and Services Administration
Contact Information:	Contact Chrissy Abrahms Woodland at (301)443-1373 or email CAbrahmswoodland@hrsa.gov
APPLICANT & WORKSP	ACE DETAILS:
Workspace ID:	WS01413317
Application Filing Name:	PBC GY25 RWHAP Part A Grant
UEI:	XL2DNFMPCR44
Organization:	COUNTY OF PALM BEACH
Form Name:	Budget Information for Non-Construction Programs (SF-424A)
Form Version:	1.0
Requirement:	Mandatory
Download Date/Time:	Sep 24, 2024 10:15:25 PM EDT
Form State:	No Errors
FORM ACTIONS:	

### **BUDGET INFORMATION - Non-Construction Programs**

OMB Number: 4040-0006 Expiration Date: 02/28/2025

### SECTION A - BUDGET SUMMARY

			0201	ION A - BUDGET SUMM			
Gr. F	ant Program unction or	Catalog of Federal Domestic Assistance	Estimated Unob	ligated Funds		New or Revised Budget	
	Activity (a)	Number (b)	Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Admin	istrative (Part AI)	[na o14	\$	\$	\$ 807,478.00		\$ 807,478.00
2. CQM (	Part A + MAI)	93.914			403,739.00		403,739.00
3. HIV S	ervices (Part A	93.914			6,863,566.00		6,863,566.00
4.							
5. To	ıtals		\$	\$	\$ 8,074,783.00	\$	\$ 8,074,783.00

### SECTION B - BUDGET CATEGORIES

A A I 2 A A A A A A A A A A A A A A A A	T			B - BUDGET CATEGO						
6. Object Class Categories	(1)		(2	GRANT PROGRAM, I	-UI (3	NCTION OR ACTIVITY )	(4	}	+	Total (5)
		Administrative (Part A + MAI)		CQM (Part A + MAI)		HIV Services (Part A + MAI)				
a. Personnel	\$	490,031.00	\$	173,319.00	\$		\$		\$	663,350.00
b. Fringe Benefits		191,001.00		67,528.00						258,529.00
c. Travel		8,906.00		754.00						9,660.00
d. Equipment									[	
e. Supplies		2,670.00		675.00						3,345.00
f. Contractual		49,500.00		155,136.00		6,863,566.00				7,068,202.00
g. Construction									[	
h. Other		65,370.00		6,327.00					[	71,697.00
i. Total Direct Charges (sum of 6a-6h)		807,478.00		403,739.00		6,863,566.00			\$[	8,074,783.00
j. Indirect Charges									\$[	THE PARTY OF THE P
k. TOTALS (sum of 6i and 6j)	\$	807,478.00	\$	403,739.00	\$	6,863,566.00	\$		\$[	8,074,783.00
'. Program Income	\$		\$		\$		\$		\$	

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Standard Form 424A (Rev. 7- 97)
Prescribed by OMB (Circular A -102) Page 1A

	SECTION C - NON-FEDERAL RESOURCES										
	(a) Grant Program		$\perp$	(b) Applicant	Applicant (c) State			(d) Other Sources	(e)TOTALS		
8.	Administrative (Pert A + MAI)		\$		\$		\$		\$		
9. CQM (Part A + MAI)							]				
10. HIV Services (Part A + MAI)											
11.											
12.	TOTAL (sum of lines 8-11)		\$		\$		\$		\$		
		SECTION	D.	- FORECASTED CASH	ΝE	EDS			J		
		Total for 1st Year		1st Quarter	Ι.	2nd Quarter		3rd Quarter		4th Quarter	
13.	Federal	\$ 8,074,783.00	\$	2,018,695.00	\$	2,018,696.00	\$	2,010,696.00	\$	2,018,696.00	
14. Non-Federal \$		\$									
15. TOTAL (sum of lines 13 and 14) \$ 8,074,783.00			\$	2,018,695.00	\$[	2,018,696.00	\$	2,018,696.00	\$	2,018,696.00	
		GET ESTIMATES OF FE	DΕ	RAL FUNDS NEEDED	FO	R BALANCE OF THE	PR	OJECT			
	(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)								
***************************************	Administrative (Part A + MAI)		├-	(b)First	١,	(c) Second	╁,	(d) Third		(e) Fourth	
16.	MAINTENANT (FALL N T WALL)		\$	807,478.00	\$[	807,478.00	\$		\$[		
17. CQM (Part A + MAI)				403,739.00		403,739.00	[				
18.	HIV Services (Part A + MAI)			6,863,566.00	[	6,863,566.00	[				
19.											
20. TOTAL (sum of lines 16 - 19)				8,074,783.00	\$	8,074,783.00	\$		\$		
		- C	THER BUDGET INFOR	MA	TION						
21. [	Direct Charges: \$8,074,783		22. Indirect (	22. Indirect Charges: 0							
23. F	3. Remarks:										



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Application Filing Name:	PBC GY25 RWHAP Part A Grant
UEI:	XL2DNFMPCR44
Organization:	COUNTY OF PALM BEACH
Form Name:	Key Contacts
Form Version:	2.0
Requirement:	Mandatory
Download Date/Time:	Sep 24, 2024 10:29:03 PM EDT
Form State:	No Errors
FORM ACTIONS:	

OMB Number: 4040-0010 Expiration Date: 12/31/2026

	Kov Cantacta Farra								
*Applicant Organization Name: Key Contacts Form									
	County of Palm Beach								
Enter the individual's role on the project (e.g., project manager, fiscal contact).									
* Contact 1 Project	Role: Project Director								
Prefix: Dr.									
* First Name: Cas	е <b>у</b>								
Middle Name:									
* Last Name: Mes	ser								
Suffix:									
	gram Manager								
Organizational Affi									
L.,	nty Board of Commissioners								
* Street1:	810 Datura St								
Street2:									
* City:	West Palm Beach								
County:	Palm Beach								
* State:	FL: Florida								
Province:									
* Country:	USA: UNITED STATES								
* Zip / Postal Code:	33401~5204								
* Telephone Number	: 561-355-4730								
Fax:									
* Email: cmesser@p	bc.gov								

Next Person



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OPPORTUNITY & PACK	AGE DETAILS:
Opportunity Number:	HRSA-25-063
Opportunity Title:	Ending the HIV Epidemic in the U.S Ryan White HIV/AIDS Program Parts A and B
Opportunity Package ID:	PKG00287738
CFDA Number:	93.686
CFDA Description:	Ending the HIV Epidemic: A Plan for America CRyan White HIV/AIDS Program Parts A and B
Competition ID:	HRSA-25-063
Competition Title:	Ending the HIV Epidemic in the U.S Ryan White HIV/AIDS Program Parts A and B
Opening Date:	08/22/2024
Closing Date:	10/22/2024
Agency:	Health Resources and Services Administration
Contact Information:	Contact Yemisi Odusanya, MPH at (301)443-7344 or email YOdusanya@hrsa.gov
APPLICANT & WORKSP	ACE DETAILS:
Workspace ID:	WS01429889
Application Filing Name:	PBC EHE Phase II
UEI:	XL2DNFMPCR44
Organization:	COUNTY OF PALM BEACH
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4-0
Requirement:	Mandatory
Download Date/Time:	Oct 21, 2024 03:49:31 AM EDT
Form State:	No Errors
FORM ACTIONS:	

OMB Number: 4040-0004 Expiration Date: 11/30/2025

Expiration Date: 11/30/2026									
Application	for Federal Assista	ince SF-424							
* 1. Type of Sub	mission:	* 2. Type of Application:	If Revision, select appropriate letter(s):	***************************************					
Preapplica	tion	X New							
X Application	1	Continuation	* Other (Specify):						
Changed/0	Corrected Application	Revision							
* 3. Date Receiv		4. Applicant Identifier:							
Completed by Gran	ts.gov upon submission.								
5a. Federal Entit	ly Identifier:		5b. Federal Award Identifier:						
State Use Only	:								
6. Date Received	d by State:	7. State Application	Identifier:						
8. APPLICANT	INFORMATION:								
* a. Legal Name	County of Palm	Beach		_					
* b. Employer/Ta	expayer Identification Nur	mber (EIN/TIN):	*c. UEI:						
596000785		, , , ,	XL2 DNFMPCR4 4						
d. Address:									
* Street1:	301 N. Olive	Ave							
Street2:									
* City:	West Palm Bea	ch							
County/Parish:	Palm Beach								
* State:	FL: Florida		· ·	1					
Province:				J					
* Country:	USA: UNITED S	TATES		7					
* Zip / Postal Co	de: 33401-4703			j					
e. Organization	nal Unit			**********					
Department Nam			Toward Name						
	ervices Departmen	+	Division Name: HIV Elimination Services						
			natters involving this application:						
	Dr.	* First Name	e: Casey						
Middle Name:	****								
	Messer								
Suffix:									
Title: Program	Manager								
Organizational A									
Palm Beach	Palm Beach County								
* Telephone Nur	nber: 561-355-4730		Fax Number:						
*Email: cmess	ser@pbc.gov			•					

Application for Federal Assistance SF-424	
* 9. Type of Applicant 1: Select Applicant Type:	
B: County Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Health Resources and Services Administration	
11. Catalog of Federal Domestic Assistance Number:	
93.686	
CFDA Title:	
Ending the HIV Epidemic: A Plan for America ORyan White HIV/AIDS Program Parts A and B	
* 12. Funding Opportunity Number:	
HRSA-25-063	
*Title:	
Ending the HTV Epidemic in the U.S Ryan White HTV/AIDS Program Parts A and B	
13. Competition Identification Number:	
HRSA-25-063	
Title:	
Ending the HIV Epidemic in the U.S Ryan White HIV/AIDS Program Parts A and B	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Add Attachment Service Add Attachment Service Add Attachment	
* 15. Descriptive Title of Applicant's Project:	
Palm Beach County Ending the HIV Epidemic Initiative Phase II	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application for Federal Assistance SF-424  16. Congressional Districts Of:  *a. Applicant EL-022								
*a. Applicant FL-022 *b. Program/Project FL-022  Attach an additional list of Program/Project Congressional Districts if needed.    Add Attachment   Datete Attachment   Plant Adduction								
Attach an additional list of Program/Project Congressional Districts if needed.    Add Attachment   Date   Attachment   View Adductment								
Add Attachment    Delete Attachment   Delete Attachment   Delete Attachment								
17. Proposed Project:  *a. Start Date: 03/01/2025  *b. End Date: 02/28/2030  18. Estimated Funding (\$):  *a. Federal 5,000,000.00 Approved as to form and legal sufficiency: By:  *Assistant County Attorney  *d. Local 0.00 Assistant County Attorney  *f. Program Income 0.00 By:  *g. TOTAL 5,000,000.00 Deputy Clerk  *19. Is Application Subject to Review By State Under Executive Order 12372 Process?  *a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review.  **S. End Date: 02/28/2030  *Approved as to form and legal sufficiency: By:  *Assistant County Attorney  *Attest: Joseph Abruzzo, Clerk and Comptrolled By:  *Deputy Clerk  *19. Is Application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review.  **S. End Date: 02/28/2030  *Approved as to form and legal sufficiency: By:  **Deputy Clerk**  **Deputy Clerk**  **Order 12372 Process for review on b. Program is not covered by E.O. 12372.								
*a. Start Date: 03/01/2025								
18. Estimated Funding (\$):  *a. Federal 5,000,000.00 Approved as to form and legal sufficiency: b. Applicant 0.00 By:  *c. State 0.00 Assistant County Attorney  *d. Local 0.00 Attest: Joseph Abruzzo, Clerk and Comptrolle *f. Program income 0.00 By:  *g. TOTAL 5,000,000.00 Deputy Clerk  *19. Is Application Subject to Review By State Under Executive Order 12372 Process?    a. This application was made available to the State under the Executive Order 12372 Process for review on   b. Program is subject to E.O. 12372 but has not been selected by the State for review.   X c. Program is not covered by E.O. 12372.								
*a. Federal 5,000,000.00 Approved as to form and legal sufficiency: b. Applicant 0.00 By:  *a. Federal 5,000,000.00 Approved as to form and legal sufficiency: By:  *Assistant County Attorney  *d. Local 0.00  *e. Other 0.00  *f. Program Income 0.00  *g. TOTAL 5,000,000.00 Deputy Clerk  *19. Is Application Subject to Review By State Under Executive Order 12372 Process?    a. This application was made available to the State under the Executive Order 12372 Process for review on   b. Program is subject to E.O. 12372 but has not been selected by the State for review.   X c. Program is not covered by E.O. 12372.								
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*g. TOTAL 5,000,000.00 By:  *g. TOTAL 5,000,000.00 Deputy Clerk  *19. Is Application Subject to Review By State Under Executive Order 12372 Process?  a. This application was made available to the State under the Executive Order 12372 Process for review on  b. Program is subject to E.O. 12372 but has not been selected by the State for review.  C. Program is not covered by E.O. 12372.								
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区 c. Program is not covered by E.O. 12372.								
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)								
Yes X No								
If "Yes", provide explanation and attach								
Add Altachmen: Opiere Arjachmen: View Arjachmen:								
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any failse, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)								
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.								
Authorized Representative:								
Prefix: Mrs. *First Name: Maria								
Middle Name:								
*Last Name: Sachs								
Suffix:								
* Title: Mayor								
* Telephone Number:   561-355-2205   Fax Number:								
*Email: MSachs@pbc.gov								
* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.								
Maria Sachs Mayor								



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Opportunity Number:	HRSA-25-063
Opportunity Title:	Ending the HIV Epidemic in the U.S Ryan White HIV/AIDS Program Parts A and B
Opportunity Package ID:	PKG00287738
CFDA Number:	93.686
CFDA Description:	Ending the HIV Epidemic: A Plan for America (TRyan White HIV/AIDS Program Parts A and B
Competition ID:	HRSA-25-063
Competition Title:	Ending the HIV Epidemic in the U.S Ryan White HIV/AIDS Program Parts A and B
Opening Date:	08/22/2024
Closing Date:	1.0/22/2024
Agency:	Health Resources and Services Administration
Contact Information:	Contact Yemisi Odusanya, MPH at (301)443-7344 or email YOdusanya@hrsa.gov
APPLICANT & WORKSP	ACE DETAILS:
Workspace ID:	WS01429889
Application Filing Name:	PBC EHE Phase II
UEI:	XL2DNFMPCR44
Organization:	COUNTY OF PALM BEACH
Form Name:	Budget Information for Non-Construction Programs (SF-424A)
Form Version:	1-0
Requirement:	Mandatory
Download Date/Time:	Oct 23, 2024 02:41:28 AM EDT
Form State:	No Errors
FORM ACTIONS:	

### **BUDGET INFORMATION - Non-Construction Programs**

OMB Number: 4040-0006 Expiration Date: 02/28/2025

### SECTION A - BUDGET SUMMARY

Grant Program Function or	Catalog of Federal Domestic Assistance	Estimated Unob	ligated Funds	New or Revised Budget							
Activity (a)	Number (b)	Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)					
1. FY 2025	93.686	\$	\$	\$ 5,000,000.00	, , , , , , , , , , , , , , , , , , , ,	\$ 5,000,000.00					
2. FY 2026	93.686			5,500,000.00		5,500,000.00					
3. FY 2027	93.686			6,000,000.00		6,000,000.00					
4. FY 2028	93.686			6,500,000.00		6,500,000.00					
5. Totals		\$	\$	\$ 23,000,000.00	\$	\$ 23,000,000.00					

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### SECTION B - BUDGET CATEGORIES

6. Object Class Categories	- <del></del>			GRANT PROGRAM	FUN	ICTION OR ACTIVITY	Total			
v. Object Oldas Odlegolies	(1)		(2	?)	(3)		(4	)	1	(5)
	AND	FY 2025		FY 2026		FY 2027		FY 2028		
a. Personnel	\$	881,069.00	\$	922,544.00	\$	950,220.00	\$	978,727.00	\$	3,732,560.00
b. Fringe Benefits		353,375.00		370,008.00		381,109.00		392,542.00		1,497,034.00
c. Travel		35,458.00		35,458.00		35,458.00		35,458.00		141,832.00
d. Equipment										
e. Supplies		48,210.00		34,530.00		34,530.00		34,530.00		151,800.00
f. Contractual		2,690,000.00		2,890,000.00		3,119,500.00		3,348,000.00		12,047,500.00
g. Construction								, , , , , , , , , , , , , , , , , , ,		
h. Other		991,688.00		1,247,460.00		1,479,183.00		1,710,743.00		5,429,274.00
i. Total Direct Charges (sum of 6a-6h)		5,000,000.00		5,500,000.00		6,000,000.00		6,500,000.00	\$	23,000,000.00
j. Indirect Charges									\$	
k. TOTALS (sum of 6i and 6j)	\$	5,000,000.00	\$	5,500,000.00	\$	6,000,000.00	\$	6,500,000.00	\$	23,000,000.00
7. Program Income	\$		\$		\$		\$		\$	

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Prescribed by OMB (Circular A -102) Page 1A

SECTION C - NON-FEDERAL RESOURCES										
(a) Grant Program			(b) Applicant	pplicant (c) State			(d) Other Sources	(e)TOTALS		
8.		\$		\$		\$		\$		
9.										
10.										
11.										
12. TOTAL (sum of lines 8-11)		\$		\$		\$		\$		
	SECTION	D.	FORECASTED CASH	ΝE	EDS					
	Total for 1st Year		1st Quarter	_ ا	2nd Quarter	_	3rd Quarter		4th Quarter	
13. Federal	\$ 5,000,000.00	\$	1,250,000.00	\$	1,250,000.00	\$	1,250,000.00	\$	1,250,000.00	
14. Non-Federal	\$									
15. TOTAL (sum of lines 13 and 14) \$ 5,000,000.00			1,250,000.00	\$	1,250,000.00	\$	1,250,000.00	\$	1,250,000.00	
	SET ESTIMATES OF FE	DE	RAL FUNDS NEEDED	FOI	R BALANCE OF THE I	R	DJECT			
(a) Grant Program		_	FUTURE FUNDING PERIODS (YEARS)							
To do a blanch part and do		-	(b)First	l-	(c) Second	-	(d) Third		(e) Fourth	
16. Ending the HIV Epidemic		\$	5,500,000.00	\$	6,000,000.00	\$[	6,500,000.00	\$	7,000,000.00	
17.										
18.										
19.										
20. TOTAL (sum of lines 16 - 19)	\$	5,500,000.00	\$	6,000,000.00	\$	6,500,000.00	\$[	7,000,000.00		
	SECTION F	- O	THER BUDGET INFOR	MA	TION					
21. Direct Charges:			22. Indirect C	Cha	rges:					
23. Remarks:										



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CFDA Number:	93.686
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Competition Title:	Ending the HIV Epidemic in the U.S Ryan White HIV/AIDS Program Parts A and B
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Closing Date:	10/22/2024
Agency:	Health Resources and Services Administration
Contact Information:	Contact Yemisi Odusanya, MPH at (301)443-7344 or email YOdusanya@hrsa.gov
APPLICANT & WORKSP	AGE DETAILS:
Workspace ID:	WS01429889
Application Filing Name:	PBC EHE Phase II
UEI:	XL2DNFMPCR44
Organization:	COUNTY OF PALM BEACH
Form Name:	Project/Performance Site Location(s)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Oct 21, 2024 03:52:05 AM EDT
Form State:	No Errors
FORM ACTIONS:	

OMB Number: 4040-0010
Project/Performance Site Location(s)

Expiration Date: 12/31/2026

Project/Per	rformance	Site Primary Location	l am submitti local or tribal	ng an ap governn	plication as	s an individu emia, or othe	al, and no er type of o	t on behalf of a comportant	oany, state,	,
Organization Name: Palm Beach County Board of Commissioners										
UEI:							***************************************			
* Street1:	810 Da	tura St			····					
Street2:										
* City:	West Palm Beach				County:	Palm Be	ach			
* State:	FL: Fl	orida								
Province:										
* Country:	USA: U	NITED STATES								
* ZiP / Pos	tal Code:	33401-5204			* Project/	Performanc	∽ ce Site Co	ngressional District:	FL-022	
Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.										
Organizatio	on Name:			g-1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nga neadon.		
UEI:										
* Street1:										
Street2:										
* City:					County:					
* State:										
Province:										
* Country:	USA: U	NITED STATES								
* ZIP / Pos	tal Code:				* Project/	Performanc	e Site Co	ngressional District:	***************************************	
Additional	Location	s)		- 2	Add Altach	ment :::	Delete Arti	echment: //Visw	Attachment	



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Workspace ID:	WS01429889
Application Filing Name:	PBC EHE Phase II
UEI:	XL2DNFMPCR44
Organization:	COUNTY OF PALM BEACH
Form Name:	Key Contacts
Form Version:	2.0
Requirement:	Mandatory
Download Date/Time:	Oct 21, 2024 03:53:42 AM EDT
Form State:	No Errors
FORM ACTIONS:	

OMB Number: 4040-0010 Expiration Date: 12/31/2026

Key Contacts Form								
* Applicant Organization Name:								
County of Palm Beach								
Enter the individual's role on the project (e.g., project manager, fiscal contact).								
* Contact 1 Project Role: Project Director								
Prefix: Dr								
* First Name: Ca	asey							
Middle Name:								
* Last Name: Me	esser							
Suffix:								
Title: Pr	rogram Manager							
Organizational A								
	ounty Board of Commissioners							
* Street1:	810 Datura St							
Street2:								
* City:	West Palm Beach							
County:	Palm Beach							
* State:	FL: Florida							
Province:								
* Country:	USA: UNITED STATES							
* Zip / Postal Code	2: 33401-5204							
* Telephone Numb	per: 561-355-4730							
Fax:								
* Email: cmesser@pbc.gov								
Delete Entry		Next Person						